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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of : **Confirmation No. 4810**
Shinnen KOBATA et al. : Attorney Docket No. 2003_1519
Serial No. 10/689,619 : Group Art Unit 1775
Filed October 22, 2003 : Examiner G. Blackwell

INTERLAYER FILM FOR LAMINATED GLASS
AND LAMINATED GLASS

Mail Stop: AMENDMENT

PATENT OFFICE FEE TRANSMITTAL FORM

THE COMMISSIONER IS AUTHORIZED
TO CHARGE ANY DEFICIENCY IN THE
FEE FOR THIS PAPER TO DEPOSIT
ACCOUNT NO. 23-0975.

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Attached hereto is a check in the amount of **\$380.00** to cover Patent Office fees relating to filing the following attached papers:

Additional Claims Fee Sheet \$250.00

Other: - Terminal Disclaimer \$130.00

A duplicate copy of this paper is being submitted for use in the Accounting Division, Office of Finance.

The Commissioner is authorized to charge any deficiency or to credit any overpayment associated with this communication to Deposit Account No. 23-0975, with the EXCEPTION of deficiencies in fees for multiple dependent claims in new applications.

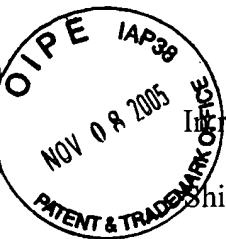
Respectfully submitted,

Shinnen KOBATA et al.

By *Warren M. Cheek, Jr.*
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November 8, 2005

[Check No. 71062]
2003_1519



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inter application of

: **Mail Stop: Amendment**

Shinnen KOBATA et al.

: Attorney Docket No. 2003_1519

Serial No. 10/689,619

: Group Art Unit 1775

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: Examiner G. Blackwell

INTERLAYER FILM FOR LAMINATED
GLASS AND LAMINATED GLASS

Confirmation No. 4810

ADDITIONAL CLAIMS FEE TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

THE COMMISSIONER IS AUTHORIZED
TO CHARGE ANY DEFICIENCY IN THE
FEE FOR THIS PAPER TO DEPOSIT
ACCOUNT NO. 23-0975.

Sir:

Transmitted herewith is an Amendment in the above-identified application. Additional fees required as a result of this Amendment are calculated as follows:

	SMALL ENTITY		LARGE ENTITY
Total Claims exceeding 20 (not already paid for): 5 x	(\$ 25 = \$)	or	(\$50 = \$250.00)
Indep. Claims exceeding 3 (not already paid for): x	(\$100 = \$)	or	(\$200 = \$)
<input type="checkbox"/> Multiple Dep. Claim(s) (if there previously were none): +	(\$180 = \$)	or	(\$360 = \$)
Total Additional Fee =	<u>\$</u>	or	<u>\$250.00</u>

☐ Small entity status of this application has been previously asserted.

☐ Small entity status of this application is established by the verified statement under 37 C.F.R. 1.9 and 1.27 which

☐ is enclosed or

☐ has been previously submitted.

[X] A check in the amount of \$250.00 is enclosed.

[] Please charge Deposit Account No. 23-0975 the amount of \$ to cover additional fee. The Commissioner is authorized to charge any deficiency associated with this communication or to credit any overpayment to the Deposit Account. The original and two copies of this document are enclosed.

Respectfully submitted,

Shinnen KOBATA et al.

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